

AC. 465 (1)

30/3/6.
1539.

INSTITUTE OF SOCIAL
MEDICINE
10, PARKS ROAD,
OXFORD



BURGH OF AIRDRIE

Report by Medical Officer of Health for Year 1950



BURGH OF AIRDRIE

REPORT BY MEDICAL OFFICER OF HEALTH FOR YEAR 1950

TO THE DEPARTMENT OF HEALTH FOR SCOTLAND

AND

TO THE PROVOST, MAGISTRATES & TOWN COUNCILLORS
OF THE BURGH OF AIRDRIE.

Gentlemen,

I have the honour to present to you a report on the Health Administration of the Burgh during the year 1950.

This Report is furnished in accordance with the request of the Secretary of State as authorised by Sections 79 and 87 of the Local Government (Scotland) Act, 1947.

In format it follows the suggestions made by the Department of Health in Circular No. 112/1950.

It is satisfactory also to be able to record that throughout the year the health of the Burgh has been well maintained.

Attention is particularly directed to our favourable experience in respect of Maternal Mortality where another year has passed without a single maternal death.

The year has passed without any major outbreak of infectious disease although anxiety was occasioned in the earlier part of the year by the occurrence of smallpox in the area of an adjoining authority. Tuberculosis still remains a problem.

All these points are dealt with at greater length in the body of the Report.

I take this opportunity of thanking the members of the Town Council for their confidence and support, my fellow-officials for the help and assistance which they have unfailingly given me at all times, and the staffs of the Health Department, Nursing Services and Hallcraig Day Nursery for their loyal and conscientious work throughout the year.

I am,
Gentlemen,
Your obedient servant,

ROBERT J. LUMSDEN
M.B., Ch.B., D.P.H.

Medical Officer of Health.



Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

<https://archive.org/details/b28646678>

I N D E X

	<u>Page</u>
General	1-2.
Vital Statistics	3-6.
<u>Maternity & Child Welfare Services.</u>	
(a) Clinic Provision	7-8.
(b) Dental Clinic	9-10.
(c) Maternal Mortality	11.
(d) Infantile Mortality	12-15.
(e) Hallcraig Day Nursery	16.
(f) Midwifery Service (including hospital treatment)	17-22.
(g) Health Visiting Service	23-25.
Home Nursing Service	26-27.
Domestic Help Service	28-29: 41.
Vaccination & Immunisation	30-31.
Tuberculosis	32-40.
Care of Old People	41-42.
<u>Infectious Diseases.</u>	
(a) Notifiable	43-44.
(b) Non-notifiable, scabies and other infestations	45.
Mental Health Service	46.
Nursery & Child Minders	
Regulation Act, 1948	46.
School Health Services	46.
Port Health Authorities	47.
Food Supply	47.
Vitamin Supplements	48-49.
National Assistance Act	50.
Nursing Homes Registration (Scotland) Act	50.
Health Education	50-51.
General Sanitation	51.
Superannuation	52.
Milk & Dairies)	
Food & Drugs)	
Housing)	
Factory Act, 1937)	52-54.

GENERAL.

The Burgh of Airdrie was established by Act of Parliament in the year 1821 and its original boundaries have since then been further extended by additional legislation.

Its area during 1950 comprised 2,068 acres. It is situated on the North-eastern fringe of the main industrial area of Lanarkshire and on ground which rises from about 285 feet above sea level in the South West to about 620 feet in the North-east. At the end of the year negotiations were in progress for a further extension.

Much of the land recently taken into the Burgh towards the North and East provides good commanding sites for fresh housing development, and these new parts of the town are likely to enjoy a cleaner and less smoky atmosphere.

Number of inhabited houses	-	7,728
(15.11.50)		(an increase of 228 over 1949)

Total rateable valuation	£198,294: 10/-.
(1949-50)	

Water Supply.

The water supply of the Burgh is furnished by the Airdrie, Coatbridge and District Water Board. This undertaking draws its supplies mainly from upland sources, the catchment area extending to 3,550 acres. There are impounding reservoirs in Shottsburn in the Parish of Shotts and on Eastside and Cowgill burns in the Parish of Lamington and Wandell.

There are also service reservoirs at Roughrigg, Moffat Mills and at Cowgill, Biggar.

In emergency extra water can be drawn from Dewshill Pit, Salsburgh and Lily Loch, Caldercruix.

There are slow sand filters at Roughrigg. During the war chlorination plant was installed at Roughrigg and Cowgill and the supply has been treated since.

A recent analysis (11.11.50) is given below as an indication of the physical and chemical characteristics of the supply.

Mineral Matter	9.9 grains/gall.
Organic Matter	2.0
Total Solid Matter	11.9
Nitrates as Na NO ₃	None.
Free ammonia	0.002
Albuminoid ammonia	0.007
Total ammonia	0.009
Temporary Hardness	5.18
Permanent Hardness	1.16
Total Hardness	6.34
Colour (Glasgow Supply 10)	40
pH value	7.3

"The sample as received contained traces of suspended matter and the clear water had a slight brown colour due to the presence of a little unobjectionable peaty matter. Analysis shows that it is fairly soft water with no detectable trace of animal matter or sewage and accordingly it is suitable for drinking and other dietetic purposes".

Sewage Disposal.

The sewage disposal arrangements are of the most modern kind. After the usual preliminary treatment, the plant installed subjects sewage to a bio-aeration process with subsequent sludge digestion. The final product is dried in shallow lagoons and finds a sale as manure.

Construction is at present under way for a large extension to the sewage works. This has been necessitated by the general growth and development of the Burgh.

VITAL STATISTICS - 1950.

Population.

No census has been taken since 1931 and the figure of 30,530 supplied by the Registrar-General, is the estimated civil population at mid-year 1950. This is a decrease of 117 from the estimate for 1949.

Density of Population.

On the basis of the above population estimate, the density of population is 14.8 persons per acre.

Natural Increases of Population.

This is the excess of births over deaths. For the year it amounts to 230. Last year the figure was 368.

Births.

The figures given are corrected for transfers

	<u>Numbers</u>	<u>Rate</u>	
All live births	562	18.4	(per 1000 of estimated pop.)
Illegitimate births	17	3.0	(per 100 live births)

This is much below last year's rate of 22.6. The records have been examined back to 1930 without finding such a low birth rate and the probability is that the rate for 1950 is the lowest ever recorded.

Since the beginning of 1939 it has also been compulsory to register still births. Of these 19 were so registered, equivalent to a rate of 33 per 1000 total births.

Marriages.

The number registered was 280, equivalent to a marriage rate of 9.2 marriages per 1000 of the total population, the same figure as last year.

Deaths.

After allowing for transfers, the number of deaths registered during the year was 332, giving a corrected death rate of 10.9 per 1000 of the estimated population.

The death rate, after adjusting it for the age and sex distribution of the local population and so making it generally comparable with the rest of Scotland, was 12.5, a slight increase on last year's figure of 12.1.

Epidemic Death Rate.

This is the death rate from the principal epidemic diseases (in Scotland, typhoid and paratyphoid fevers, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles) per 1000 of the estimated population.

For the year it was 0.07, approximately half that of the previous year.

Infantile/

Infantile Mortality.

This is the number of deaths of infants under 1 year of age expressed per 1000 of all live births.

During the year the figure was 50 which is unfortunately higher than last year's figure of 38 but below the rate of 58 for 1948.

The subject of Infantile Mortality is discussed more fully under the heading of Child Welfare, where figures for previous years are given for comparison.

Principal Causes of Death.

The chief certified causes of death as given by the Registrar General are as follows:-

Heart Disease and circulatory disease (other than cerebral)	115
Cancer and other malignant disease	59
Cerebral Haemorrhage	30
Respiratory Tuberculosis	15
Congenital debility, Prematurity, Malformation	17
Pneumonia	16
Bronchitis	18

No other category included more than 10 deaths.

There were 7 deaths from violence, including 3 road accidents.

PRINCIPAL CAUSES OF DEATH FOR 1945 - 1949 FOR COMPARISON.

CAUSE.	Number of Deaths				
	1945	1946	1947	1948	1949
Heart Disease etc.	91	105	101	94	119
Cancer and other malignant disease	38	37	41	48	45
Cerebral Haemorrhage	32	30	31	36	35
Congenital debility, Prematurity, Malformation	21	20	14	20	16
Bronchitis	18	12	11	11	12
Respiratory Tuberculosis	10	22	15	14	20
Pneumonia	9	13	12	13	10

SYNOPSIS OF VITAL STATISTICS

1950 COMPARED WITH FIVE PREVIOUS YEARS

YEAR	1945	1946	1947	1948	1949	1950
Estimated Population	27,103	28,731	30,248	30,645	30,657	30,530
Natural Increase	267	385	439	335	368	230
Births (all live)	576	706	729	678	693	562
Illegitimate	30	38	27	24	30	17
Birth Rate	19.1	23.2	24.1	22.1	22.6	18.4
Illeg. Birth Rate	5.2	5.4	3.7	3.5	4.3	3.0
Still Births	19	27	40	20	15	19
Still Birth Rate	32	37	52	29	21	33
Marriages	297	276	278	309	283	280
Marriage Rate	9.9	9.1	9.2	10.1	9.2	9.2
Deaths	309	321	290	343	325	332
Death Rate (corrected)	11.4	11.2	9.6	11.2	10.6	10.9
Death Rate (adjusted)	13.0	12.8	11.0	12.8	12.1	12.5
Deaths from Epidemic Disease	7	12	2	4	4	2
Epidemic Death Rate	0.26	0.42	0.07	0.13	0.13	0.07
Deaths from T.B. (all forms)	16	23	19	19	25	15
Death Rate	0.59	0.97	0.63	0.62	0.82	0.49
Deaths from Pul. T.B.	10	22	15	14	20	15
Pul. T.B. Death Rate	0.37	0.77	0.50	0.46	0.65	0.49
Deaths of Infants under 1 year	42	33	25	39	26	28
Infantile Mortality Rate	73	47	34	58	38	50
Maternal Deaths	1	0	2	0	0	0
Maternal Mortality Rate	1.74	0.00	2.74	0.00	0.00	0.00

For additional notes see next page.

NOTES:-

Population estimates are supplied by the Registrar General.

The various rates are calculated as follows:-

Birth Rate	- number of live births per 1000 of estimated total population.
Illegitimate Birth Rate	- number of illegitimate births per 100 live births.
Still Birth Rate	- number of still births per 1000 total births (including still births)
Marriage Rate	- number of marriages per 1000 of total population.
Death Rate (corrected)	- number of deaths per 1000 of estimated total population. For war years per 1000 of estimated civil population.
Death Rate (adjusted)	- this is an index of the number of deaths per 1000 which might have been expected to occur had the age and sex constitution of the Burgh's population been the same as for the whole of Scotland.
Infantile Mortality Rate	- the number of deaths of children under 1 year per 1000 live births.
Maternal Mortality Rate	- the number of maternal deaths per 1000 live births.

1. Care of Mothers and Young Children.

National Health Service (Scotland) Act, 1947 - Sect. 26.

Routine Child Welfare Clinics.

During 1950 we continued to hold a regular clinic in the basement of the Town Hall.

Two sessions are held each week, on Wednesday and Thursday afternoons and on the latter afternoon diphtheria immunisation is available as well as the ordinary facilities for examination and advice.

These clinics continued to be well attended but the premises in which they are conducted leave much to be desired.

They are at best an improvisation and they limit very substantially the efficiency and value of the work which can be accomplished there.

A properly designed and adequately equipped central clinic of ample size has always been and still remains a pressing need of the Burgh's Health Services.

In pursuance of our policy of opening branch or peripheral clinics to serve the outlying parts of the town, a weekly session was started in the Clarkston Welfare Hall at the end of 1948. The Health Visitor for the district now presides over this each Wednesday afternoon and it has continued to increase in popularity during 1950.

Peripheral clinics of this kind with the simplest of equipment serve a real need for they enable the Health Visitor to keep closely in touch with mothers who find that the task of attending the main clinic almost impossible if they have to travel there by 'bus with a baby and perhaps one or two toddlers who cannot be left at home.

Work has commenced on the adaptation of outbuildings at Arranview Children's Home to provide a similar peripheral clinic for the northern part of the town.

Specialist Clinics.

Children seen at the routine child welfare clinics who appear to be in need of any treatment are in the first instance referred to their own doctors.

Arrangements are made through the clinic for specialist consultation where required. .

The cases particularly dealt with at present are those with orthopaedic or ophthalmic conditions. Affections of the respiratory tract, surgical conditions such as hernia and various dermatological conditions are also frequent claimants for specialist attention.

The majority of cases referred have orthopaedic defects and it was thought worth-while during the year to arrange, with the co-operation of the Regional Hospital Board, for a regular Orthopaedic Clinic. The Orthopaedic Surgeon from Hairmyres Hospital now attends once weekly and holds a clinic in premises placed/

placed at his disposal by the local authority. A Health Visitor assists him. Both child and adult cases are seen.

Light Therapy Clinic.

This is held twice weekly in the premises at Wellwynd and appears to prove beneficial to the types of case who are referred there.

Ante-natal and Post-natal Clinic.

This is held once weekly and is now run by a Specialist Obstetrician employed by the Regional Hospital Board. She supervises cases who intend to be confined in hospital and also serves as consultant in cases referred to her by general practitioners in the area.

Details of Attendance.

Child Welfare Clinics.

(a) No. of local authority clinics provided at end of year	2
(b) No. of children attending under 1 year	435
over 1 year	6
(c) Total attendances under 1 year	5,051
over 1 year	984
(d) No. of clinics provided by Voluntary Organisations	Nil.

Ante-natal and Post-natal Clinics.

(a) No. of local authority clinics provided at end of year	1
(b) No. of women attending during year	117
(c) Total attendances during year	370

Light Therapy Clinic.

(a) Total number of new patients attending during year	50
(b) Total number of attendances during year	927

Orthopaedic Clinic.

(a) Total number of new patients attending during year	39
(b) Total number of attendances during year	19

Dental Clinic/

Dental Clinic.

The Dental Clinic providing priority dental services to mothers and young children continued to function satisfactorily during the year and is being increasingly taken advantage of.

Miss Margaret Hinshelwood, L.D.S., provides the following statement of the work done during 1950. (See following page).

Scheme.	Total No. of Patients		Attendances for Treatment.	Extractions				Dentures					Fillings		Other Conservative Treatment.
	Male	Female		Anes. Local	Teeth	Anes. General	Teeth	Upper or lower	Upper and lower	Partials	Remake	Repair	Teeth Temp.	Teeth Perm.	
Expectant & Nursing Mothers	-	218	1127	129	191	30	259	10	26	44	-	-	71	574	463
Pre-School Children	108	110	192	61	81	102	383	-	-	-	-	-	-	-	-
Total	108	328	1329	190	272	132	642	10	26	44	-	-	71	574	463

MATERNAL MORTALITY

No maternal deaths occurred during the year under review. The Maternal Mortality rate for the third year in succession was therefore zero.

It is of interest to compare the state of affairs which prevailed in the not too distant past. Figures for the last ten years are given below.

Year	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Maternal Deaths	5	5	1	3	1	0	2	0	0	0
Maternal Mortality Rate per 1000 live births	8.21	8.01	1.44	4.85	1.74	0.00	2.74	0.00	0.00	0.00

Puerperal Fever & Puerperal Pyrexia.

Notifications were received in respect of 2 cases of puerperal pyrexia. Both were removed to hospital and subsequently made satisfactory recoveries.

There were no cases of puerperal fever.

INFANTILE MORTALITY

During the year under review there were 8 deaths of infants under one year of age. This number gives an infantile mortality rate of 50 per 1000 live births and compares with the figure of 39 for the whole of Scotland.

The still birth rate was 33 compared with the Scottish average of 27.

The experience of Airdrie, in respect of infantile mortality compared with the whole of Scotland for the last 20 years, is given in the table below.

INFANTILE MORTALITY RATES

Year.	Airdrie.	All Scotland.	Year.	Airdrie.	All Scotland.
1931	84	82	1941	80	83
1932	75	86	1942	71	69
1933	113	81	1943	75	65
1934	77	78	1944	79	65
1935	75	77	1945	73	56
1936	59	82	1946	47	54
1937	75	80	1947	34	56
1938	89	70	1948	58	45
1939	82	69	1949	38	41
1940	116	78	1950	50	39

It will be noted from the figures given above how very marked has been the reduction in infantile mortality during recent years.

Still Birth Rate.

Still births have been registered since 1939 and the table which follows gives the rates for Airdrie and all Scotland in every year since then.

The rates are expressed as "per 1000 total births including still births".

Still Birth Rates

Year	Airdrie	All Scotland
1939	45	42
1940	53	42
1941	27	39
1942	36	38
1943	33	36
1944	28	32
1945	32	33
1946	37	32
1947	51	31
1948	29	29
1949	21	27
1950	33	27

CHIEF CAUSES OF INFANTILE MORTALITY

In the Annual Reports for 1945 and 1946 the figures relating to still births, to neo-natal mortality, and to mortality amongst older infants, were set forth for a number of previous years. The trends disclosed were analysed and it was shown that such improvement as had taken place up to the end of 1946 had been greatest in respect of the neo-natal mortality.

It was pointed out that older infants died chiefly of infections; either the common infectious fevers or respiratory or gastro-intestinal infections. The year 1947 showed a substantial decline in these causes also and we were thus able to show by far the lowest infantile mortality rate that we have ever recorded.

The rate for 1948 was less satisfactory and an inspection of the table given overleaf will show that deaths from gastro-intestinal infections were responsible for the largest share of this deterioration.

The factors which predispose to gastro-intestinal infections in childhood are, of course, faulty methods of feeding infants and faulty methods of food preparation, allied to the bad hygienic conditions under which too many families still have to exist.

It was hoped, with our increased Health Visitor staff and the steady improvement which is being effected in matters of housing, that the adverse influence of both these sets of conditions would gradually be diminished.

This did, in fact, take place to some extent in 1949 because the total deaths from gastro-intestinal infections fell from 9 to 3.

The Infant Mortality Rate for 1950, as shown, increased from 38 to 50. By far the largest number of deaths, when these are classified by causes, is to be found in the group of "Congenital debility, prematurity and malformation".

With the reduction in deaths from other causes it is a group becoming of increasing relative importance. The following table shows the trend:-

Year	1941	1942	1943	1944	1945	1946	1947	1948	1949
% age of total due to congenital debility, prematurity & malformation.	48.9 %	34.1 %	48.1 %	53.1 %	50.0 %	51.5 %	52.0 %	46.2 %	57.7 %

Attention has been drawn in previous reports to the need in this area for increased and better provision for premature infants and these figures tend to re-inforce the argument.

Happily there is at least the prospect now that eventually such accommodation will be available in due course when the new Maternity Hospital promised for this area comes into being.

Recently there has been put forward the theory that congenital malformation may be occasioned by virus diseases occurring in the mother during her pregnancy. During 1950 we arranged to co-operate with the Medical Research Council in a national research project to elucidate this problem.

By such means as these the attack on the causes of infant death still goes on.

INFANT DEATHS - ACTUAL CAUSES

Causes	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Congenital debility. Prematurity & malformation	24	15	25	26	21	17	13	18	15	16
Whooping-cough, measles & other common infections	5	3	5	4	2	3	1	4	2	1
Respiratory Infections	14	18	17	11	7	7	7	5	5	6
Tuberculosis (all forms)	-	1	-	2	3	1	1	-	-	-
Gastro-intestinal infections	4	5	4	6	3	4	2	9	3	4
Miscellaneous and unknown including violence	2	2	1	-	6	1	1	3	1	1
Totals	49	44	52	49	42	33	25	39	26	28

HALLCRAIG DAY NURSERY

The premises at Hallcraig House which were opened as a War-time Nursery on December 22nd, 1942, continued in operation during the year.

The table below gives particulars of the attendances at the Nursery during 1950.

No. of individual children on roll.	Total number of attendances.	Average length of attendance per child.	Average daily attendance.
110	10,402	94.5	41.5

There is still considerable demand for the services provided by the Nursery.

At the end of the year the waiting list was 85.

Additional accommodation for 10 extra children which was brought into use at the end of 1948 continued to be fully occupied during 1950.

MIDWIFERY SERVICES

The Maternity Services (Scotland) Act, 1937.

The National Health Service (Scotland) Act, 1947. Sect. 23.

In accordance with the provisions of the Maternity Services Act of 1937, the Burgh of Airdrie formulated a Scheme to provide a comprehensive domiciliary midwifery service and after it had received the approval of the Department of Health for Scotland the Scheme came into operation on January 1st, 1940.

In subsequent years the Service gradually developed until by 1947, 5 full time midwives were in the employment of the Town Council and they, together, were responsible for carrying out by far the greater proportion of the domiciliary midwifery work of the town.

A house "Oakbank", Clark Street, Airdrie, was purchased in 1945 and since then it has been maintained as a residential home for the midwives. Each nurse has her own bed-sitting room and there is also a lounge and dining room for common use. A domestic staff of two assists in the running of the Home.

This was the position at the beginning of 1948 and work continued on the same lines as before until July 5th.

At that date the duty to provide a service of this kind ceased to be in respect of the old Maternity Services Act which was partly repealed and was instead placed on the local authority by Sect. 23 of the new National Health Service (Scotland) Act of 1947.

No outward change, however, resulted and for the remainder of the year the service continued exactly as before.

Steps, however, were taken to secure and bring into use apparatus for gas-air analgesia and to arrange for training midwives in their use but these arrangements were not complete by the end of the year.

The problem of transport for midwives was referred to in a previous report and it was explained that during the day they travelled by 'bus, tram or bicycle, and that at night they were allowed to hire a taxi when distance or urgency suggested the need for so doing.

They are also authorised to engage a taxi for the transport of the gas-air apparatus.

During 1950 these arrangements were continued and worked smoothly and satisfactorily.

All the nurses now employed are qualified to administer gas-air analgesia.

Substantially greater use is now made of analgesia. Thirty five cases had it in 1949 and 151 in 1950.

Midwifery Statistics.

(1) Total no. of births occurring in the area during the year (before correction for mother's residence)

Live Births - 711 Still Births - 10. Total - 721

(2) Total no. of births in (1) occurring in institutions - 390

(3) Total no. of births in (1) occurring at home - 331

	Cases dealt with under Sect. 23(2) of the National Health Service (Scotland) Act, 1947.			Other Domiciliary Cases.			Total
	Doctor engaged & present at confinement.	Doctor engaged & not present at confinement.	Midwife alone (no doctor engaged.	Doctor engaged.	Midwife alone no doctor engaged.	Without doctor or Midwife.	
Midwives employed by the authority (including those on a fee-per-case basis)	31	285	10	-	-	-	326
Midwives employed by Voluntary Organisations	-	-	-	-	-	-	-
Midwives employed by Hospital Boards of Management	-	-	-	-	-	-	-
Private practising midwives	-	-	-	5	-	-	5
Totals	31	285	10	5	-	-	331

Medical Aid under Section 22(1) of the Midwives (Scotland) Act, 1915

Calls for medical aid under this section:-

(a) For Domiciliary Cases.

(i) Where the Medical Practitioner had arranged to provide maternity medical services under the National Health Service - NIL.

(ii) Others - NIL.

(b) For Cases in Institutions - NIL.

Administration of Analgesics.

(a) No. of Midwives in practice in the area qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board for Scotland.

(i)	Domiciliary	-	5
(ii)	In Institutions	-	1
	Total		<u>6</u>

(b) No. of domiciliary midwives who received their training during the year Nil.

(c) No. of sets of Apparatus for the administration of Analgesics in use at 31st December, 1950, by Domiciliary Midwives employed by the Authority or employed by voluntary organisations in the Authority's area 3

(d) No. on order at 31st December, 1950 Nil.

(e) No. of cases in which Analgesics were administered by Midwives in domiciliary practice during the year 151

(f) No. of cars in use by midwives at 31st December, 1950 Nil.

MIDWIVES (SCOTLAND) ACT, 1915.

STATISTICS OF BIRTHS OCCURRING IN BURGH DURING 1950.

Statutory Report in terms of Sect. 23 of the Act.

Item.	Total (i.e. all cases occurring in area)	Domiciliary cases under Sect.23(2) of the National Health Service (Scotland) Act, 1947.			Cases attended by Midwives in Airdrie House. Coat-bridge Cases.	Cases not attended by either doctor or midwife.	Cases attended by private nurse or doctor.
		Doctor engaged & present at confinement.	Doctor engaged & not present at confinement.	Midwife alone (no doctor engaged)			
Births (including still births	721	31	285	10	175 211	-	5
Deaths of new born children within 14 days of birth	10	1	7	-	2 -	-	-
Still Births	17	3	4	-	4 6	-	-
Cases of Ophthalmia Neonatorum	7	2	2	-	3 -	-	-
Puerperal Sepsis. Cases Deaths	-	-	-	-	- -	-	-
Puerperal Pyrexia. Cases Deaths	1	-	-	-	1 -	-	-

5

|

|

|

|

|

|

|

|

|

|

|

|

|

|

|

|

|

|

(ii)

Cases of Emergency under Section 22 of the Midwives
(Scotland) Act, 1915.

NIL.

(iii)

Midwives in Area - Notifications Received of Intention
to Practice.

Year	Resident in Airdrie.	Resident outwith Airdrie.
1943	6	4
1944	6	4
1945	10	4
1946	7	7
1947	10	7
1948	7	5
1949	8	4
1950	12	4

(iv)

General Report on the Working of the Acts.

The general working of the Acts is satisfactory.
There do no appear to be any points calling for special
comment.

MATERNITY HOSPITAL ADMISSIONS - 1950.

Airdrie Cases only.

Type of Case	Airdrie House.	Calderbank House.	Bellshill	Rotten-row	Private
<u>Emergency</u>					
(a) Scheme	-	1	19	3	-
(b) Non-scheme	-	-	1	-	-
Pre-arranged admission	179	-	45	2	14
Totals	179	1	65	5	14

HEALTH VISITING SERVICE

National Health Service (Scotland) Act, 1947. Sect. 24.

Six Health Visitors are now employed. This number is in accordance with the recommendations of the Scientific Advisory Committee under the chairmanship of Sir John Boyd Orr (as he then was) set up by the Secretary of State in 1943 to consider the question of "Infant Mortality in Scotland". Even at that time the Report referred to the views of some authorities who considered that even more generous provision might be required. Probably that is even more true today now that the Health Visitor is envisaged as having much wider duties than in the past, and available to give advice and assistance to all members of the family. Nevertheless the present staff does enable us to provide a very comprehensive service.

The Superintending Nursing Officer organises and controls the work of the Health Visitors and other Public Health Nurses and also acts as Superintendent of Midwives and exercises a general supervision over the work of the Home Nursing Service. She is responsible, too, for supervising the selection and the work of the Home Helps.

The Health Visitors carry out routine domiciliary visitation of all children who are under school age and also give advice to expectant and nursing mothers. They also attend at the various child welfare and ante-natal clinics, assist at immunisation clinics and attend at the local schools in connection with the routine visits for diphtheria prophylaxis.

Apart from an increase in their actual duties, the increased dispersion of the population in new housing schemes means that much more of their time than formerly is now spent in travelling and walking between visits. Districts have been so arranged so as to reduce this unproductive time as much as possible.

Every effort is made by the Health Visitors to guide and assist mothers in the care of their children and to educate them in the proper principles of their nutrition and upbringing.

The intimate contact which the Health Visitors have with the homes also enables them to bring prominently to the notice of mothers, the other facilities which are provided for the children's welfare.

This is notably so as regards diphtheria immunisation and the use of vitamin supplements.

Details of the work done at the Clinics and by the Health Visitors will be found elsewhere.

Two other nurses are also employed by the Authority and their duties are purely in connection with infectious disease/

disease - particularly the domiciliary supervision of tuberculous cases. One of these nurses is also a qualified Health Visitor.

Extra office accommodation for Health Visitors was provided on the upper floor of the building which the Town Council acquired in 1948 for adaptation as a Dental Clinic.

This building is situated at the corner of Wellwynd and Stirling Street and became fully occupied during 1949.

HEALTH VISITING STATISTICS

No. of Visits paid by the Health Visitors during the Year.											
	Expectant Mothers.		Children under 1 year.		Children aged 1-5 years.		Tuberculous Cases.		Other Cases.		Total Visits Paid.
	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	1st Vis.	Total Vis.	
Health Visitors employed by the Authority	8	52	606	7,407	22	4,915	27	1,945	131	507	15,620
Health Visitors employed by Voluntary Organisations	-	-	-	-	-	-	-	-	-	-	-

Other visits not noted above:

Home Help Supervisory Visits	-	239
Immunising Visits	-	937

— — — — —

— — — — —

— — — — —

HOME NURSING SERVICE

National Health Service (Scotland) Act, 1947. Sect. 25.

This section of the Act required the local health authority to set up a home nursing service "for securing the attendance of nurses on persons who require nursing in their own homes".

At the appointed day there already existed in Airdrie an organisation set up in 1897 and maintained by voluntary subscription which was known as the Airdrie & District Nursing Association.

The Association provided nursing services within the Burgh and also in the immediately adjacent landward area of the County.

The Town Council, therefore, considered that the most suitable way of discharging their responsibilities under this Section of the Act would be to enter into an agreement whereby the Airdrie & District Nursing Association would provide such services in return for an appropriate financial adjustment.

This arrangement was initiated on July 5th, 1948. The Association discontinued its work in the County area and the three nurses employed became wholly employed on home nursing work within the Burgh. The arrangement has continued to work well during 1950.

The original agreement with the Association provided for a review of the arrangements after 2 years. This was duly made at a joint meeting held with representatives of the Association during 1950. No major alteration of the agreement was found to be necessary and it was duly renewed for a further period of 5 years with provision for review at 2 years.

The number of visits paid by the nurses shows that their services are increasingly in demand. The scale of provision previously was less than that recommended by the Queens Institute of District Nursing, namely, one nurse on general nursing duties per 6-7000 of the population.

On this basis one and a half extra nurses are required. This could be met by employing one additional full-time nurse and one part-time.

Discussions were also held as regards this point and during the year the staff was increased to approximately the extent indicated. It proved very difficult to obtain suitable full time nurses and a number of part-time workers were employed from time to time as required.

HOME/

HOME NURSING SERVICE STATISTICS

	No. of cases attended.	No. of visits paid to these cases.
Home Nurses employed by the Authority	-	-
Homes Nurses employed by Voluntary Organisations	305	13,146

DOMESTIC HELP SERVICE

National Health Service (Scotland) Act, 1947. Sect. 28.

The provision of a home help service is one of the permissive sections of the National Health Service but it was apparent almost from the beginning that there was a demand for such facilities and that they could play a most useful part in alleviating hardship and distress, and indeed real domestic emergency which could not easily be assisted in any other way.

In our original scheme we undertook to start the service in February, 1949 with 4 domestic helps but this number quickly proved to be inadequate. Further expansion took place during 1950 from 18 to a total of 29 at the end of the year.

The cost to the authority is not inconsiderable as many householders can contribute only a small weekly sum but it is felt that the provision of domestic assistance of this kind is a community service which is well worth while and that it has certainly come to stay. Some upward revision of the charges was made during the year but this did not affect the demand.

There is, moreover, little doubt that any expenditure may be at least partially recouped in other directions, as for instance, if invalids can remain at home instead of entering institutions for the chronic sick.

This may not, of course, be a local saving but it certainly represents a national one, and moreover it relieves the growing pressure on hospital accommodation for such cases.

The Service, while nominally under the control of the Medical Officer of Health, is administered from day-to-day by the Social Welfare Officer who has the assistance of the Superintending Nursing Officer in the choice of the actual persons employed and the supervision of their work.

So far there has been a satisfactory supply of suitable women anxious to join the Service.

The Social Welfare Officer supplied the following brief report on the work of the Domestic Helps:-

"The Domestic Help Service came into operation in February, 1949.

Applicants for the post of domestic help must submit a written application enclosing, where possible, a testimonial. The applicant's home is then visited by a member of the nursing staff of the Health Department, and if she proves satisfactory, her name is placed on the list of Helps.

The public was slow to take advantage of this scheme in its early stages, but it/

it soon became apparent that it would become popular. One month after its inception 6 Domestic Helps had been assigned, a number that steadily grew as the public became aware of the service available. By the end of 1950, 29 helps were at work, and of these 3 were employed on tuberculous cases and 4 on confinements.

The nursing staff of the Health Department periodically visit the homes where domestic helps are employed. In addition to the aforementioned visits by the nursing staff, questionnaires have been sent to persons employing domestic helps and the replies have been very satisfactory".

DOMESTIC HELPS - STATISTICS, 1950.

- (i) No. of Domestic Helps employed at end of year
 - (a) Whole-time - 10.
 - (b) Part-time - 19.
 - (c) Retaining Fee Basis - Nil.
- (ii) No. of cases for which Helps were provided during the year - 105.
- (iii) Average period of assistance - 11 5/7 weeks.

VACCINATION and IMMUNISATION

National Health Service (Scotland) Act, 1947. Sect. 26.

(a) Vaccination.

The measures outlined in the formal Scheme have operated during the year. It was true to say that at the end of 1949 public interest in vaccination was small and indeed steadily declining.

However, during the earlier part of 1950 an outbreak of smallpox occurred in Glasgow and the repercussions of this caused considerable public anxiety in the areas of adjoining authorities. It became obvious that there was considerable demand for vaccination and in view of the uncertainty that prevailed at one stage as to whether the threatended epidemic had been contained, it was judged expedient to offer special facilities.

Wellwynd Clinic was specially opened and vaccination offered to all-comers during the afternoons and evenings for a period of about a fortnight.

We were fortunate in securing the services of a doctor who was free and available to assist and some of the general practitioners in the area also lent a hand. The majority of these, however, were almost equally busy in their own surgeries and had little time to spare.

Our nursing staff and the clerical staff of our own and other Burgh Departments also worked very hard and freely gave up their spare time to assist. I take this opportunity of placing on record the appreciation felt for their unselfish help, without which the work could not have been done.

It is hoped that the incident will at least have a salutary effect in stressing the importance of infant vaccination.

Vaccination Statistics.

Primary Vaccinations.

(1) Typical vaccinia	2,631
(2) Vaccinoid reaction	40
(3) Reaction of immunity	9
(4) No reaction	46
Total	2,726

Revaccinations/

Total B/f 2,726

Revaccinations.

(1) Typical vaccinia	4,236
(2) Vaccinoid reaction	55
(3) Reaction of immunity	85
(4) No reaction	94

Total 4,470

Grand Total 7,196

(b) Diphtheria Immunisation.

The public attitude to diphtheria immunisation is fortunately much more enlightened than to vaccination and very little difficulty is now experienced by Health Visitors in persuading parents to have their children treated.

Visits were paid to all the schools in the area and immunisation or re-immunisation of the pupils in attendance was carried out as required.

For children below school age a weekly immunisation clinic was held throughout the year and every endeavour made to ensure that mothers brought their children for treatment.

Where a child had not been immunised by its first birthday a postal reminder was sent and special attention given to the case by the Health Visitor.

By the end of the year it was estimated that over 80% of school children had been immunised or re-immunised within four years and approximately 60% of children aged 1-5 years.

The table below gives details of the actual work done during the year.

School Children.

Number immunised during 1950	231
Re-immunised during 1950	1,544

Pre-School Children.

Number immunised during 1950	200
Re-immunised during 1950	10

Treated by Private Practitioners.

Total number of children immunised or re-immunised	97
--	----

(c) Other Immunisation Procedures.

Nil.

7. Prevention of Illness Care and After-care.
National Health Service (Scotland) Act, 1947 - Sect.27.

(a) Tuberculosis.

In 1950 the number of confirmed notifications of tuberculosis of all forms was 42, of which total 34 had pulmonary disease and 8 had non-pulmonary lesions.

This represents an increase of 5 from the previous year the difference being due to an increase of 7 pulmonary cases and a decrease of 2 non-pulmonary.

The death rate from pulmonary tuberculosis was 0.49 per 1,000 of the population and from non-pulmonary forms of the disease it was 0.00.

In 1949 the rates were 0.65 and 0.17 respectively.

The following table sets forth the position from 1938 onwards and is of interest in showing the trends of the disease.

Pulmonary Disease.

Year	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Notifica- :tions	17	13	20	26	18	35	32	22	26	48	37	27	34
Deaths	3	15	14	11	13	12	13	10	22	15	14	20	15
Death Rate	0.10	0.53	0.51	0.40	0.47	0.44	0.48	0.37	0.77	0.50	0.46	0.65	0.49

Non-Pulmonary Disease.

Year	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950
Notifica- :tions	10	9	11	15	16	12	8	17	14	8	11	10	8
Deaths	4	4	4	2	7	3	6	6	6	4	5	5	0
Death Rate	0.14	0.14	0.14	0.07	0.26	0.11	0.22	0.22	0.20	.13	.16	.17	0

There is still no decided downward trend in the number of pulmonary notifications although one has the impression that nowadays more cases coming to light show only minimal lesions or have relatively limited disease carrying a good prognosis than was the case in former years. One would expect that earlier diagnosis and the better treatment now available would be reflected in a lower death rate and it is in fact considerably down for 1950. However, it has been as low or lower before, during and since the war, and the/

/the numbers are too small to draw very definite statistical conclusions. In any case we have still some way to go before we return to the low record of 1938.

As regards non-pulmonary disease, however, the year has been noteworthy inasmuch as not a single death occurred from that cause. This has not happened previously in the last 20 years and probably never before.

In last year's Report mention was made of the fact that Advisory Committee of the Scottish Health Services Council was conducting a special enquiry into the problem of tuberculosis in Scotland. This Report has now been published and it deals in considerable detail with the various features of the disease and its present incidence. It is strongly recommended as being of great interest to anyone interested in the epidemiology and sociology of the disease.

Many parts of Scotland experience great difficulty in securing hospital accommodation for cases of tuberculosis, but we are relatively fortunate here and no case in need of active treatment had to wait an unreasonable length of time for a bed.

Nevertheless, use could be made of more sanatorium accommodation for quite a number of sputum positive chronic cases have to be sent home although it is fully appreciated that it would be more desirable to retain them in isolation.

No case, however, is sent home to unsuitable housing conditions. The Council's pointage scheme is heavily weighted in favour of the tuberculous patient and by co-operation between the Health Department, the Housing Department and the Sanitary Inspector's Department it is generally possible to make some satisfactory arrangement for such cases.

We employ two nurses, styled Infectious Diseases Nurses, much of whose work is concerned with the domiciliary supervision of tuberculous cases in their own homes.

This work is done very thoroughly and it is considered to be well worth the time and attention devoted to it.

The regular visits of the nurse help to keep up the morale of the patient; she plays a valuable part in educating the household on the measures necessary to avoid further infection; she rounds up contacts for examination and supervision; and she is able to report on the patients needs and to assist him in securing extra nourishment, clothing and bedding and additional money grants from the National Assistance Board.

The nurses also Staff the out-pation clinics and dispensaries dealing with tuberculous cases and they carry out heliotherapy as recommended.

Towards the end of the year our Scheme for B.C.G. Vaccination was started on a small scale. No actual vaccinations were done but some preliminary testing had been undertaken. The following table gives the details:-

B.C.G. Vaccination.

I - Number of contacts tuberculin tested.

	Under 1		1 & under 5.		5 & under 10.		10 & under 15.		15 & under 20.		20 & over.		Total tests performed.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Positive	-	-	5	3	5	7	10	9	1	-	-	1	21	20
Negative	1	4	5	9	4	1	-	2	-	-	-	-	10	16
Total	1	4	10	12	9	8	10	11	1	-	-	1	31	36

II - B.C.G. Vaccinations performed.

Group	Tuberculin-tested.		Negative re-actors.		Successfully Vaccinated.	
	M.	F.	M.	F.	M.	F.
(a) Nurses	-	-	-	-	-	-
(b) Medical Students	-	-	-	-	-	-
(c) Contacts	31	35	10	15	-	-
(d) Others	-	1	-	1	-	-

STATISTICAL SURVEY OF TUBERCULOSIS WORK DURING 1950.

The experience of the year is presented in four tables duplicated for pulmonary and non-pulmonary cases.

Table I gives a return of cases of tuberculosis notified during the year.

Table II gives a return showing the number of cases which received treatment under the Tuberculosis Scheme in Sanatoria or other institutions during the year.

Table III shows the number of persons resident in the area who, at the end of the year, were known to be suffering from tuberculosis.

Table IV shows for the year the number of persons who died from tuberculosis in the area, and indicates the period which elapsed between notification and death, and between discharge from an institution and death.

TABLE I.
Pulmonary Notifications 1950.

<u>AGE GROUPS</u>									No. of cases notified during year in which diagnosis of Tuberculosis has been confirmed.		
	Under 5	5 & 10	10 & 15	15 & 25	25 & 35	35 & 45	45 & 65	65 & up-wards	Total	Under 15.	15 & up-wards.
Males	2	1	1	1	4	3	7	-	19	4	15
Females	-	-	2	7	3	2	1	-	15	2	13
Total	2	1	3	8	7	5	8	-	34	6	28

Non-Pulmonary Notifications 1950.

<u>AGE GROUPS</u>									No. of cases notified during year in which diagnosis of Tuberculosis has been confirmed.		
	Under 5	5 & under 10	10 & under 15	15 & under 25	25 & under 35	35 & under 45	45 & under 65	65 & up-wards	Total	Under 15.	15 & up-wards.
Males	2	-	-	-	2	-	-	-	4	2	2
Females	-	2	-	1	-	1	-	-	4	2	2
Total	2	2	-	1	2	1	-	-	8	4	4

TABLE II.

Pulmonary Cases.

Institutional Treatment 1950.

	In Institu- tion on January 1.	Admitted during the year.	Discharged during the year.	Died in Institu- tions.	In Institutions on December 31.
<u>Adults.</u>					
Males	6	13	8	2	9
Females	10	12	11	2	9
<u>Children.</u>					
Males	-	3	1	-	2
Females	-	1	-	-	1
Totals	16	29	20	4	21

Non-Pulmonary Cases.

Institutional Treatment 1950.

	In Institu- tion on January 1.	Admitted during the year.	Discharged during the year.	Died in Institu- tions.	In Institutions on December 31.
<u>Adults.</u>					
Males	-	-	-	-	-
Females	1	2	1	-	2
<u>Children.</u>					
Males	2	-	-	-	2
Females	-	2	1	-	1
Totals	3	4	2	-	5

TABLE III.

Known Pulmonary Cases 1950.

	Under 5.	5 & 10.	10 & 15.	15 & 25.	25 & 35.	35 & 45.	45 & 65.	65 & up-wards.	Total.
<u>Sputum examined</u> <u>T.B. found.</u>									
Males	-	-	-	2	13	7	9	1	32
Females	-	-	1	11	20	4	2	1	39
<u>Sputum examined</u> <u>T.B. never found.</u>									
Males	-	-	3	4	15	9	8	1	40
Females	-	1	2	5	8	5	3	-	24
<u>Sputum not examined or not present.</u>									
Males	3	4	2	1	1	1	-	-	12
Females	1	-	3	1	-	-	-	-	5
Totals	4	5	11	24	57	26	22	3	152

TABLE III.

Known Non-Pulmonary Cases 1950.

	Under 5.	5 & 10.	10 & 15.	15 & 25.	25 & 35.	35 & 45.	45 & 65.	65 & up-wards.	Total.
<u>Abdominal.</u>									
Males	-	-	2	1	-	1	-	-	4
Females	-	-	2	1	-	1	-	-	4
<u>Spine,</u>									
Males	-	-	-	1	-	1	-	-	2
Females	-	-	-	1	1	-	-	-	2
<u>Bones & Joints.</u>									
Males	2	1	2	3	3	-	1	-	12
Females	-	2	-	1	4	1	-	-	8
<u>Superficial Glands.</u>									
Males	-	-	3	1	-	-	-	-	4
Females	1	2	3	1	2	1	-	-	10
<u>Lupus.</u>									
Males	-	-	-	-	-	1	-	-	1
Females	-	-	-	-	1	2	-	1	4
<u>Other Parts or Organs.</u>									
Males	-	-	-	-	1	-	1	-	2
Females	-	1	-	1	1	-	1	-	4
Totals	3	6	12	11	13	8	3	1	57

TABLE IV.

NUMBER OF PERSONS WHO DIED FROM PULMONARY TUBERCULOSIS IN AREA DURING YEAR ENDING 31st DECEMBER, 1950. PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

	<u>Males.</u>	<u>Females.</u>
Not notified or notified after death	2	-
Notified less than 1 month before death	1	-
Notified from 1-3 months before death	1	-
Notified from 3-6 months before death	-	-
Notified from 6-12 months before death	-	-
Notified from 1-2 years before death	1	1
Notified over 2 years before death	3	6
Total	8	7
No. who died within 28 days after discharge from Institution	-	-
No. who died more than 28 days after discharge from Institution	3	4

NUMBER OF PERSONS WHO DIED FROM NON-PULMONARY TUBERCULOSIS IN AREA DURING YEAR ENDING 31st DECEMBER, 1950. PERIOD ELAPSING BETWEEN NOTIFICATION AND DEATH AND BETWEEN DISCHARGE FROM AN INSTITUTION AND DEATH.

	<u>Males.</u>	<u>Females.</u>
Not notified or notified after death	-	-
Notified less than 1 month before death	-	-
Notified from 1-3 months before death	-	-
Notified from 3-6 months before death	-	-
Notified from 6-12 months before death	-	-
Notified from 1-2 years before death	-	-
Notified over 2 years before death	-	-
Total	-	-
No. who died within 28 days after discharge from Institution	-	-
No. who died more than 28 days after discharge from Institution	-	-

PULMONARY TUBERCULOSIS PATIENTS CLASSIFIED ACCORDING TO
AGE, SEX, OCCUPATION AND HOUSING ACCOMMODATION.
1950.

Age.	Sex.	Occupation.	Housing Accommodation.
27 yrs.	M.	Iron worker	4 apartments.
24 yrs.	F.	Housewife	4 "
27 yrs.	M.	Iron worker	3 "
26 yrs.	F.	Bus cleaner	4 "
50 yrs.	M.	Blacksmith	5 "
49 yrs.	M.	Railway shunter	3 "
21 yrs.	F.	Clerkess	4 "
30 yrs.	M.	Printer	4 "
52 yrs.	M.	Accountant	Model Lodging House.
42 yrs.	M.	Bolt worker	3 apartments.
43 yrs.	F.	Cooking centre	1 "
42 yrs.	M.	Fitter	3 "
47 yrs.	M.	Steel worker	4 "
54 yrs.	M.	Tube worker	Model Lodging House.
9 yrs.	M.	School-boy	4 apartments.
37 yrs.	M.	Book-binder	4 "
47 yrs.	M.	Bus driver	3 "
40 yrs.	F.	Housewife	1 "
17 yrs.	F.	Shop assistant	5 "
17 yrs.	F.	Shop assistant	3 "
26 yrs.	F.	Housewife	3 "
15 yrs.	M.	School-boy	4 "
19 yrs.	M.	Brick worker	4 "
12 yrs.	F.	School-girl	5 "
53 yrs.	F.	Housewife	4 "
14 yrs.	F.	School-girl	4 "
3 yrs.	M.	Pre-school	4 "
48 yrs.	M.	Maintenance man	2 "
20 yrs.	F.	Domestic servant	8 "
20 yrs.	F.	Domestic servant	4 "
33 yrs.	F.	Housewife	3 "
26 yrs.	M.	Grocer	5 "
3 yrs.	M.	Pre-school	8 "
64 yrs.	M.	-----	Thrashbush Home.

NON-PULMONARY TUBERCULOSIS PATIENTS CLASSIFIED ACCORDING TO
AGE, SEX, OCCUPATION AND HOUSING ACCOMMODATION.
1950.

Age.	Sex.	Occupation.	Housing Accommodation.
4 yrs.	M.	Pre-school	1 apartment.
28 yrs.	M.	Tinplate maker	2 "
18 yrs.	F.	Shop assistant	4 "
6 yrs.	F.	School-girl	4 "
8 yrs.	F.	School-girl	4 "
30 yrs.	M.	Driver salesman	3 "
39 yrs.	F.	Housewife	3 "
3 yrs.	M.	-----	4 "

(a) Care of Old People.

(1) Homes or Hostels.

During 1949 the Town Council acting as trustees of a bequest known as the Strain Trust and in terms of the bequest took steps to set up a Home for Old Men.

They acquired a mansion house known as "Rosemount" Forrest Street.

This has now been remodelled and equipped to provide accommodation for up to fourteen elderly men who each pay a fee according to their means towards the cost of their maintenance. A married couple have been engaged and installed as warden and housekeeper.

The Home was formally opened on 12th October, 1949, by Mrs. Jean Mann, M.P., and is now known as Strain House in memory of the benefactor who left the bequest for its inception.

(b) Hostel or similar accommodation.

The Local Authority also possess one block of fourteen single apartment houses which are kept for old people aged 60 and over.

These, however, do all their own work and have separate kitchen and lavatory accommodation. There is a common bathroom.

Some time ago the authority also converted the old Burgh Fever Hospital in Wilson Street into twelve two-apartment houses which are reserved for old couples. They have separate cooking facilities, but there is some sharing of lavatory and bathroom accommodation. In some instances, sideboards, beds and other articles of furniture have been provided.

At the present moment there is no separate allocation of housing for old people. They merely take their turn for re-housing in accordance with the Council's Pointage Scheme.

(c) Home Helps.

Any old person is eligible for assistance as required in terms of the Authority's Home Help Scheme.

(d) Old People's Clubs and similar organisations.

The Veterans Association have a club-room in the Central Public Park. This is provided by the Town Council.

There is an Old Age Pensioners Club in Callon Street with premises maintained by the pensioners themselves.

An Old Age Pensioners Club in Katherine Park meets in a shelter provided by the Town Council.

A scheme run by voluntary subscriptions in Dunrobin village provides treats for old folk at Christmas and New Year and also 'bus runs during the summer.

The/

The Clarkston Miners' and Community Welfare provide somewhat similar facilities and entertain some 300 - 400 old people and Rawyards Social Club is also active on a smaller scale.

The Town Council provided a very successful Old Folk's Treat comprising a luncheon and musical entertainment. Persons over the age of 70 were eligible and some 600 attended. A day sail to Rothesay via the Kyles of Bute was also held during the summer.

(e) Charitable Bequests and Endowments.

There are a number of charitable bequests directed towards the welfare of old people. These are the Airdrie Female Benevolent Society and the Jane Nicol Bequest which distribute small sums of money and give general welfare attention by means of voluntary workers.

The Scottish Branch of the British Red Cross Society is also active.

The Town Clerk administers a number of endowments the income of which is spent upon the provision of coal both to old people and to necessitous cases during the winter months.

8. Control of Infectious Disease.

Apart from the smallpox alarm in the spring, the year 1950 proved to be a very uneventful one as far as infectious diseases were concerned.

There was nothing which could be described as an epidemic.

Only one case of diphtheria was confirmed throughout the year and made a satisfactory recovery.

Cases of scarlet fever were considerably less than during the previous year and the type of disease continued to be extremely mild and complications were practically unknown.

The number of pneumonia cases notified was about the usual average and practically all were removed to hospital. It is felt that many cases are only notified when they fail to respond to treatment at home.

Those admitted to hospital, therefore, comprise a high proportion of the dangerously ill cases and these disproportionately raise the hospital death rate.

Only two cases of dysentery were notified and all were removed to hospital at the practitioner's request. Here again it is certain that many cases go un-notified.

In view of the importance now attached to educating the public in methods of preventing the spread of gastrointestinal infections it is unfortunate that we do not receive more comprehensive information regarding the incidence of dysentery.

There were only two cases of puerperal pyrexia and none of puerperal fever. This record undoubtedly reflects the increased efficiency of our midwifery services although some of the success may also be due to the powerful chemotherapeutic resources now available to the practitioner.

Annual Notifications.

The table given overleaf shows the actual number of confirmed cases of various diseases which were notified during 1950 with the figures for the five previous years shown in parallel columns for comparison.

ANNUAL NOTIFICATIONS OF INFECTIOUS DISEASES
1950 COMPARED WITH FIVE PREVIOUS YEARS

	1945	1946	1947	1948	1949	1950
Cerebro-spinal Fever	2	1	-	-	-	5
Continued Fever	-	-	-	-	-	-
Diphtheria	31	6	5	3	1	1
Dysentery	4	14	1	1	3	2
Encephalitis						
Lethargia	-	-	-	-	-	-
Erysipelas	11	7	2	4	8	2
Acute Infectious Jaundice	-	-	-	-	-	-
Malaria	-	1	-	-	-	-
Ophthalmia Neonatorum	2	2	1	1	1	1
Acute Influenzal Pneumonia	-	2	-	-	-	4
Acute Primary Pneumonia	44	74	57	56	54	55
Other Pneumonias	-	1	-	-	-	-
Poliomyelitis (Acute)	-	-	7	-	-	5
Puerperal Fever	4	-	1	2	-	-
Puerperal Pyrexia	4	4	4	6	2	2
Scarlet Fever	82	37	58	84	87	38
Smallpox	-	-	-	-	-	-
Tuberculosis (Pulmonary)	26	26	48	37	27	34
Tuberculosis (Non-Pulmonary)	17	14	8	11	10	8
Typhoid Fever	-	-	-	-	-	-
Paratyphoid A	-	-	1	-	-	-
Paratyphoid B	-	8	-	-	-	-
Typhus	-	-	-	-	-	-
Cholera	-	-	-	-	-	-
Chickenpox)						1
Measles)						4
						Not locally notifiable.
Whooping Cough						20
	227	197	193	205	193	182

INFESTATION.

The treatment of scabies has continued on the same lines as in previous years and although the condition is not nearly so prevalent as it was during the war years and particularly in 1943, a small number of cases continue to be notified to us or are brought for advice and treatment to the Child Welfare Clinic.

The table below shows the incidence experienced during the year under review.

Month.	New Cases.	Total Visits.	Cases Cured.	Cases Remaining.
<u>1950.</u>				
January	-	-	-	-
February	1	1	1	-
March	-	-	-	-
April	1	3	1	-
May	2	2	2	-
June	-	-	-	-
July	1	1	1	-
August	-	-	-	-
September	-	-	-	-
October	-	-	-	-
November	-	-	-	-
December	-	-	-	-

The Infectious Diseases Nurses also devoted attention to a number of other non-notifiable infectious diseases, including certain other contagious skin diseases.

These were:-

Ringworm	7 cases.
Impetigo	4 cases.
Mumps	3 cases.
Measles	1 case.

A total of 20 visits were paid in connection with the treatment of these cases.

Infestation with lice is a problem which comes more directly under the notice of the school health authorities and the problem has not otherwise been prominent, except in connection with cases admitted to hospital. A regrettably large proportion of these have verminous conditions of the head.

9. Mental Health Service.

National Health Service (Scotland) Act, 1947 - Sect. 51.

The Health Committee is now responsible for the administration and general application of the mental health services of the Burgh and the resulting duties are carried out jointly by the Medical Officer of Health and the Welfare Officer under the general supervision of the former.

The Welfare Officer has been nominated Authorised Officer and his assistant is also available to act in a similar capacity when required.

The Authorised Officer is responsible for taking any necessary action under the Lunacy and Mental Deficiency Acts. He arranged for the removal to hospital of patients suffering from mental illness and he receives notice of their discharge. He supervises mental defectives from the Burgh who are under official guardianship and he carries out or arranges for their official visitation.

He also supervises patients discharged from mental hospitals who reside within the Burgh.

Mental Illness.

During the year 32 cases of mental illness were admitted to hospital, 14 of whom were certified.

At 31st December, 62 cases of mental illness were being cared for in institutions and 4 cases at home.

Mental Deficiency.

During the year there was 1 new case of mental deficiency. No new cases were admitted to institutions and 1 case was placed under guardianship.

At the end of the year, 16 cases of mental deficiency were under treatment in institutions and 17 were being cared for at home or boarded out.

10. Nurseries and Child Minders Regulation Act, 1948.

No applications were received under the provisions of this Act and no certificates are in force.

B. School Health Service.

For Airdrie Burgh the School Health Services are at present administered and carried out by Lanarkshire County Council in terms of their statutory duties under the Education Acts.

Discussions/

Discussions have been held with the other Lanarkshire Burghs with a view to securing some integration of the School Health Services and the Child Welfare Services, either by the Education Authority arranging to delegate some of their functions as happens elsewhere in other Large Burghs in Scotland, or otherwise. Some measure of agreement with the principle involved has been reached amongst the Burghs but approach to the County Council has so far been unproductive.

C. Port Health Administration.

Not applicable.

D. Food Supply.

(1) Milk.

The years work in relation to the milk supply is fully discussed in the Report of the Sanitary Inspector.

No special circumstances in connection with outbreaks of milk borne disease were brought to light during the period under review.

(2) Ice Cream.

Details regarding the control of this commodity will also be found in the Report of the Sanitary Inspector.

(3) Meat and Other Foods.

Reference should be made to the Sanitary Inspector's Report.

(4) Clean Food.

The series of talks to food trade employees started during 1949 was completed by Dr. Mearns in 1950. The response on the whole was poor. The problem was also featured and dealt with extensively in several film shows and talks given to "preformed audiences" during the year.

(5) Food Poisoning.

No outbreaks of food poisoning were reported during the year.

(6) Nutrition.

During the year the Ministry of Food held a propaganda week to encourage the uptake of vitamin supplements.

To assist with this a rally was held in the Day Nursery to which mothers were invited and at which the Provost and Health Convener spoke in support of the work of the Ministry of Food.

Suitable publicity was given to this part of the propaganda campaign by means of press photographs and reports.

An important part of the Health visitors duty is to see that children are properly fed and to urge that both they and their mothers should take advantage of the vitamin supplements made available by the Ministry of Food.

In/

In Airdrie the uptake of these products has generally compared favourably with other parts of Scotland, but they are still far from being fully utilised.

The table appended below shows the percentage uptake of the various substances.

UPTAKE OF COD LIVER OIL, ORANGE JUICE AND VITAMIN TABLETS
MONTHLY AVERAGES DURING PERIOD INDICATED

Period	Percentages of Potential Uptake		
	Cod Liver Oil	Orange Juice	A & D Tablets
July to December 1944	29.1%	60.9%	25.0%
January to June 1945	28.6%	48.1%	21.7%
July to December 1945	25.7%	52.3%	23.3%
January to June 1946	26.2%	47.3%	29.0%
July to December 1946	45.2%	43.5%	40.8%
January to June 1947	59.7%	39.4%	50.25%
July to December 1947	49.5%	43.4%	32.6%
January to June 1948	36.0%	49.5%	27.7%
July to December 1948	33.6%	42.0%	26.9%
Period to February 26th, 1949	47.4%	31.7%	31.7%
Period to May 28th, 1949	43.6%	31.3%	31.1%
Period to August 27th 1949	47.1%	33.1%	31.0%
Period to February 25th 1950	50.93%	31.25%	44.37%

Unfortunately/

Unfortunately since March 1950 the Ministry of Food has changed the method of compiling its statistics in this respect and the data with which we are now furnished are less informative.

The figures are now as follows and represent the actual numbers of packs of the various items issued during the respective months.

UPTAKE OF WELFARE FOODS

AIRDRIE BURG

<u>Month</u> <u>1950</u>	<u>National</u> <u>Dried</u> <u>Milk</u>	<u>Orange</u> <u>Juice</u>	<u>Cod</u> <u>Liver</u> <u>Oil</u>	<u>Vitamin</u> <u>Tablets</u>
March	3,697	2,285	989	91
April	3,100	2,046	721	95
May	3,145	2,192	727	94
June	3,528	2,206	774	92
July	5,157	2,230	849	127
August	3,717	1,892	682	190
September	4,270	2,083	939	185
October	3,329	1,940	765	190
November	3,340	1,924	890	174
December	4,407	2,314	1,081	213

E. Miscellaneous.

(1) National Assistance Act, 1948.

(a) Provision of establishments under the Act and their medical supervision.

The Town Council have set up and now maintain a home for old men.

This is called Strain House and is partially supported by endowment.

Each resident calls in his own doctor as required. There is no special medical supervision by the local authority. (See also page 41).

(b) Registration and inspection of disabled or old persons homes (Sect 37).

There are no homes in the area other than those under the control of the local authority.

(c) Removals (Sect.47).

No action by the local authority was required.

(d) Care of Property (Sect.48).

No action by the local authority was required.

(e) Burials (Sect.50).

No action by the local authority was required.

(f) Welfare Services (Sect.29).

No special welfare services at present come within the purview of the Health Department.

(2) Nursing Homes Registration (Scotland) Act.

No applications were received during the year and there are no certificates in force.

(3) Health Education.

The Scottish Council for Health Education again gave us great assistance in planning and executing various Health Education projects.

Public film shows and lectures held in Cinemas have generally proved disappointing, not only in Airdrie but elsewhere. They are also very expensive and the Scottish Council have withdrawn assistance of this kind and is now concentrating on giving somewhat similar shows to small "preformed" audiences.

By/

By a "preformed" audience is meant some existing organisation such as a Women's Guild or Youth Fellowship which meets regularly and has an arranged syllabus of lectures.

During 1950 a total of 9 such meetings were held. We had some outside speakers but about half the meetings were taken by either the Superintendent Nursing Officer or the Medical Officer of Health.

These meetings have at least been more satisfying from our point of view than the large public film shows as the audiences are interested and keen to initiate discussion, but they do not, of course, reach many people and those who do attend are not the sections of the population who are most in need of education.

F. General Sanitation.

No matters of special interest arose during the year under this heading.

Reference to the water supply and sewage disposal arrangements will be found on pages 1 and 2.

SUPERANNUATION.

A total of 49 persons were medically examined for the purposes of the Superannuation Scheme.

D.H.S. CIRCULAR No.101/1950.

Thirty-seven examinations were also carried out under the provisions of the above circular.

MILK AND DAIRIES.

FOOD AND DRUGS.

HOUSING.

FACTORY ACT, 1937.

These matters are reported on in detail by the Sanitary Inspector, information regarding them will be found in his report.

The following information regarding factories is, however, included here to comply with the requirements of the Statute.

FACTORIES ACT, 1937.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1950.

FOR THE ^{*}BURGH OF AIRDRIE.

Prescribed particulars on the administration of the Factories Act, 1937.

1. Inspections for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspect- ions (4)	Written notices (5)	Occupiers prosecuted (6)	
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	1	46	5	-	-	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	123	86	3	-	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (†) (excluding out-workers premises)	3	-	-	-	-	3
Total		169	91	3	-	

2. Cases in Which Defects were Found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecut- ions were instituted (7)	M/c line No. (8)
		Found (3)	Remed- ied. (4)	To H.M. Inspect- or. (5)	By H.M. Inspect- or. (6)		
Want of cleanliness (S.1)	4	-	-	-	-	-	4
Overcrowding (S.2)	5	-	-	-	-	-	5
Unreasonable temperature (S.3)	6	-	-	-	-	-	6
Inadequate ventilation (S.4)	7	-	-	-	-	-	7
Ineffective drainage of floors (S.6)	8	-	-	-	-	-	8
Sanitary Conveniences (S.7)							
(a) insufficient	9	-	-	-	-	-	9
(b) unsuitable or defective	10	2	2	-	1	-	10
(c) Not separate for sexes	11	1	1	-	-	-	11
Other offences against the Act (not including offences relating to Outwork)	12	-	-	-	-	-	12
Total		3	3	-	1	-	

* i.e. County or Burgh (†) i.e. Electrical Stations (Section 103 (1)), Institutions (Section 104) and sites of Building Operations and works of Engineering Construction (Sections 107 and 108).

OUTWORK

Nature of Work	M/c line No.	Section 110			Section 111		
		No. of out- workers in August list required by Sect. 110 (1) (c)	No. of cases of default in send- ing lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prose- cution
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Wearing apparel Making, etc.	13	-	-	-	-	-	-
Total		-	-	-	-	-	-

